
PSYCHOLOGICAL IMPACT OF TRAUMA AMONG ABUSED WOMEN

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Abstract: Women in their lifetime have to undergo different experiences and play numerous roles like wife, mother and primary caregiver. Not only this, history evidently portrays the social and economic inequality that women have been facing making them more vulnerable to violence. Violence against women can be physical, sexual, psychological, and threat of physical or sexual violence. Any such event can be extremely traumatic that can have effects which may include depression, suicides, inability to develop and maintain relationships, alcohol abuse and overall lack of subjective well-being. Post traumatic stress is a psychological condition arising in response to an unexpected terrifying or traumatic event that undermines one's trust in normalcy. The purpose of the research was to investigate the psychological impact of trauma in terms of stress, mental health and subjective well-being. A sample comprising of 60 abused women was taken that included 30 sexually assaulted and 30 domestic violence victims in the age group of 16-35 years residing in social institutions. They were administered Stress Symptoms Rating Scale, Perceived Stress Scale (Cohen et al., 1988), Beck Depression Inventory (Beck, 2008), Impact of Event Scale - Revised (Weiss and Marmar, 1997), Positivity and Negativity Affectively Scale (Watson et al., 1988) and Satisfaction with Life Scale (Diener et al., 1985). Results clearly showed negative impact of traumatic experiences as hypothesized.

Keywords: Mental health, Posttraumatic Stress Disorder, Stress, Subjective well-being

Introduction: A traumatic event involves a singular experience or enduring event or events that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. It can be a physical or psychological unexpected terrifying threat or assault to one's physical integrity, sense of self, safety or survival that challenges one's belief in normalcy [1]. As a result of trauma or crisis, there emerges Post-Traumatic Stress (PTS) which is the recurrent experience of psychological, psychophysical, and/or social symptoms varying from anxiety, fear, and nightmares to lowered aspirations and non-efficiency in school or workplace or any other setup. It tends to persist after a traumatic incident has ended and continues to affect one's capacity to function normally. Eventually these enduring symptoms can take shape of Post traumatic stress disorder (PTSD) [2]. Those who are traumatized will develop characteristic symptoms that can be categorized as intrusive, avoidance and withdrawal symptoms. All these symptoms may involve the persistent re-experiencing of the event in images, thoughts, recollections, day dreams, and nightmares, avoiding places and thoughts associated with the trauma, problems in recall of the event, difficulties with sleep, hyper vigilance, exaggerated startle response, difficulty concentrating, and irritability or angry outbursts [1].

Women and Trauma: The different life experiences and roles of women - wife, mother and primary caregiver combined with social and economic inequality have made women more vulnerable to violence and sexual abuse throughout history. Violence against women can be physical, sexual, psychological, and threat of physical or sexual

violence. Physical violence includes acts of physical aggression such as slapping, hitting, kicking and beating. Physical Abuse or Assault refers to the actual or attempted infliction of physical pain with or without use of an object or weapon and including use of severe corporal punishment [3]. Domestic violence is one such instance wherein such a kind of assault is used. The common sexual abuses women endure are forced intercourse, and other forms of sexual coercion. In this regard, the traumatic events particularly for women include rapes, sexual assault, Intimate Partner Sexual Violence (IPSV) and domestic violence. A man is said to commit "rape" if he penetrates his penis, inserts any object or a part of the body (other than the penis) to any extent, into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person or manipulates any part of the body of a woman so as to cause penetration or applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person [4]. Just as women are more likely to experience violence than men, women are more likely to experience a mental disorder [5]. For women, depression, anxiety, posttraumatic stress disorder, personality disorders, dissociative identity disorder, psychosis, and eating disorders are the problems most commonly associated with the experience of violence [6]. Women who reported childhood sexual abuse were five times more likely to be diagnosed with PTSD compared to non victims [7].

The focus of the current investigation was to study the psychological impact of trauma in terms of stress, mental health and subjective well-being among victims of sexual assault and domestic violence.

Review of Literature: Trauma leaves distinct imprints on survivors, differentiating it from other challenging or momentous experiences. Those who are exposed to events that threaten their own or others' life or physical integrity are likely to be affected by the experience and will show signs of distress and disturbance. The common responses to trauma are sleeplessness, fearfulness and flashbacks affecting the well-being of the victim [8]. Moreover, the recency of violence is related to the frequency of PTSD symptoms among physically or sexually abused women [9]. The cumulative effect of multiple forms of intimate partner violence (physical, sexual, and psychological abuse) seems to contribute to a greater risk of mental health and substance abuse problems. Severe trauma may produce a state of sensitization, vulnerability or diminished reserve capacity to stress that results in an overwhelming physiological stress response that is not recognized until a much later stressor triggers an acute or prolonged (and seemingly unrelated) stress response [10]. In a longitudinal study, the young adult women who became involved in an abusive sexual relationship were more likely than other women to subsequently develop multiple disorders. The specific disorders they were at higher risk for included: a major depressive disorder, marijuana dependence, PTSD and generalized anxiety disorder [11]. Domestic

violence can result in depression, anxiety, and posttraumatic stress disorder (PTSD) [12].

Hypotheses: Based upon previous literature, it was expected that the two groups of trauma victims, that is, sexually assaulted female victims and domestic violence female victims will differ on stress, mental health and dimensions of subjective well-being.

Method: The purpose of this study was to investigate the psychological impact of trauma in terms of perceived stress, stress symptoms, depression and subjective well-being among abused women. The sample comprised of 60 abused women that consisted of 30 female sexually assaulted victims and 30 female domestic violence victims who have been residing in the social institutions. The age range was 16 - 35 years. The standardized tests administered were *Impact of Event Scale - Revised* (Weiss and Marmar, 1997); *Stress Symptoms Rating Scale* (Heilebrun and Pepe, 1985); *Perceived Stress Scale* (Cohen et al., 1988); *Beck Depression Inventory* (Beck, 2008); *Positive and Negative Affectively Scale* (Watson et al., 1988) and *Satisfaction with Life Scale* (Diener et al., 1985)

Results and Discussion: The results are presented in Table 1 showing mean, standard deviation and t-ratios between the sexually assaulted and domestic violence victims.

Table 1 shows mean, standard deviation and t-ratios between the sexually assaulted and domestic violence victims.

	Sexually Assaulted Victims	Domestic Violence Victims	
	Mean	SD	t-ratios
Intrusion	26.4	2.75	3.42**
Avoidance	14.53	2.48	0.06
Hyper arousal	21	2.47	2.16*
Total Impact of Event	60.93	5.66	5.91**
Stress Symptoms	68.13	8.3	6.37**
Perceived Stress	7.06	4	0.001
Depression	41.87	6.4	2.16*
Positive Affect	17.73	2.66	3.09**
Negative Affect	39.53	8.24	3.09**
Satisfaction with Life	10.47	4.66	7.08**

*0.05 level significant

**0.01 level significant

The results revealed that the *t-ratios and means came to be significantly higher for the sexually assaulted victims* in comparison to the domestic violence victims in particular to intrusion, avoidance, hyperarousal, total impact of event, stress symptoms,

perceived stress, depression and negative affect while in the case of positive affect and satisfaction with life scale the domestic violence victims scored higher. The comparison revealed the t-ratios to be significant on Intrusive Symptoms (p<.01), Hyperarousal

symptoms ($p < .05$), total impact of event ($p < .01$), Stress Symptoms ($p < .01$), Depression ($p < .05$), positive affect and negative affect ($p < .01$) and satisfaction with life scale ($p < .01$). However, the t-ratios were not significant for Avoidance symptoms and Perceived Stress at any level.

From the above analysis, the scores of the sexually assaulted victims in terms of intrusive, avoidance and hyper arousal symptoms in addition to the overall impact of trauma was comparatively higher compared to domestic violence victims. Previous findings indicated that sleep difficulties, irritability and anger, intrusive recollections, impaired concentration, emotional and physical reactions to reminders, flashbacks and distressing dreams were most commonly reported by sexually assaulted victims than domestic violence victims [13]. Sexually assaulted victims have reported most frequently physical symptoms varying from a variety of bodily systems, including respiratory, gastrointestinal, gynecological, dermatological, and musculoskeletal systems [14]. An examination of the frequently reported symptoms indicated that while some symptoms are specific to PTSD, others are more common to psychiatric disorders in general. Both Western and Indian studies have found hyper arousal, re-experiencing and avoidance to be common [15], [16]. The possibility that symptoms of unresolved traumatic stressors, including depression, dissociation, anxiety, posttraumatic stress symptoms and substance abuse may interfere with the cognitive appraisal of the victim in comparison to the domestic violence victims. Risk of developing mental health problems after rape is related, in part, to the severity of the assault and the presence of other negative life experiences [17]. There was something unique to the

experience of sexual violence that results in more severe PTSD. Rape to be most likely associated with PTSD for men and women [18]. Among women who reported rape to be their most upsetting trauma, 45.9% developed PTSD. In contrast, for women who considered physical attacks to be most upsetting, only 21.3% developed PTSD. These findings lend support to the notion that there indeed may be something unique to the experience of sexual violence that increases the likelihood of developing PTSD.

The way the survivors mentally process their experiences of sexual trauma was also related to mental health consequences [19]. The physical and sexual assault within and outside of marriage have been associated repeatedly with increased anxiety, depression, cognitive disturbance such as hopelessness and low self-esteem, post-traumatic stress, dissociation, somatization, sexual problems and substance abuse and suicidality [20]. The detrimental effects of violence are reflected not only in victims' physical, psychological, and sexual health, but also in victims' subjective evaluations of health or subjective well-being (SWB). The abuse victims reported their current health as "poor" or "very poor" more often than individuals who did not report abuse [21].

Conclusion: It can be concluded thereby that the offence of sexual assault encroaches one's perception of self and others, cognitive schema, self-esteem and subjective well-being while domestic violence in the form of physical abuse or assault by one partner against other in an intimate relationship leads to less trauma. Although the sample was small, however, the results are significant.

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